| ad States Patent and Trademark Office  REC  1 03608675  To the Director of the U. S. Patent and Trademark Office  1 Name of conveying party(ies):    Conversity   Corporation   Conveying party(ies):   Governair Corporation   Association   Conveying party   Corporation   Conveying party   Corporation   Conveying parties attached?   Yes   No     Additional names of conveying parties attached?   Yes   No     Assignment   Merger   Conveying parties attached?   Yes   Conversity   Conversity   Conversity   Conveying parties   C |
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| To the Director of the U. S. Patent and Traverson Conveying party(ies):    Acception of the U. S. Patent and Traverson Conveying party(ies):   Acception of the U. S. Patent and Traverson Conveying party(ies):   Acception of the U. S. Patent and Traverson Conveying party(ies):   Acception of the U. S. Patent and Traverson Conveying party(ies):   Acception of the U. S. Patent and Traverson Conveying party(ies):   Acception of the U. S. Patent and Traverson Conveying party(ies):   Acception of the U. S. Patent and Traverson Conveying party(ies):   Acception of the U. S. Patent and Traverson Conveying party(ies):   Acception of the U. S. Patent and Traverson Conveying party(ies):   Acception of the U. S. Patent and Traverson Conveying party(ies):   Acception of the U. S. Patent and Traverson Conveying party(ies):   Acception of the U. S. Patent and Traverson Conveying party(ies):   Acception of the U. S. Patent and Traverson Conveying party(ies):   Additional names, addresses, or citizenship attached?   Yes   State: OK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| To the Director of the U. S. Patent and Trace and the Director of the Purification or Description of Trademark (s) (and Filing Date if Application or Description of Trademark (s) (and Filing Date if Application or Description of Date (s) Attorized to be charged to deposit account   Street Address: Nortek Inc.   Street Address: Nortek  |
| 1. Name of conveying party(ies):  Governair Corporation  Association  General Partnership   Limited Partnership   City: Oklahoma City  State: Ok  Corporation State: Oklahoma   Merger   City: Oklahoma   City: Ok |
| Governair Corporation    Association                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Individual(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Individual(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| General Partnership                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Corporation- State: Oklahoma                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Citizenship (see guidelines)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| State: OK  Citizenship (see guidelines)  Additional names of conveying parties attached?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Additional names of conveying parties attached?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 3. Nature of conveyance )/Execution Date(s):  Execution Date(s)October 3, 2010  Assignment  Security Agreement  Other  Change of Name Other  4. Application number(s) or registration number(s) and identification or description of the Trademark.  B. Trademark Application No.(s)  A dditional sheet(s) attached?  Yes No  C. Identification or Description of Trademark(s) (and Filing Date if Applications involved:  Shame & address of party to whom correspondence concerning document should be mailed:  Name:Dawn Valois  Internal Address:So Kennedy Plaza  City®rovidence  State:  Execution Date(s):  Coproration Citizenship  Citizenship  Coproration Coproration of Coproration of Coproration of Coproration of Coproration of C |
| Execution Date(s)October 3, 2010  Assignment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| Assignment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Security Agreement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 4. Application number(s) or registration number(s) and identification or description of the Trademark.  A. Trademark Application No.(s)  B. Trademark Registration No.(s)  2,621,223  Additional sheet(s) attached? Yes No  C. Identification or Description of Trademark(s) (and Filing Date if Application or Registration Number is unknown):  5. Name & address of party to whom correspondence concerning document should be mailed:  Name:Dawn Valois  Internal Address:Nortek.Inc.  7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$40   Street Address:50 Kennedy Plaza  City:Providence  State:  Zip:02903  Authorized to be charged to deposit account  Enclosed  8. Payment Information:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| C. Identification or Description of Trademark(s) (and Filing Date if Application or Registration Number is unknown):  5. Name & address of party to whom correspondence concerning document should be mailed:  Name:  Name:  Name:  Name:  Name:  Nortek, Inc.  7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$40   Street Address:  Street Address:  Enclosed  8. Payment Information:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 5. Name & address of party to whom correspondence concerning document should be mailed:  Name: Dawn Valois  Internal Address: Nortek, Inc.  Street Address: 50 Kennedy Plaza  City: Providence  State: Zip: 2903  6. Total number of applications and registrations involved:  1  Authorized: Address: 50 Kennedy Plaza  Enclosed  8. Payment Information:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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| Street Address:50 Kennedy Plaza  Authorized to be charged to deposit account  Enclosed  State RI  Zip:02903                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Street Address: 50 Kennedy Plaza  City:Providence  State:  State:  Zip:02903  Enclosed  8. Payment Information:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| State <sub>RI</sub> Zip: <sub>02903</sub>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
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| 1 Hone Namber 401-731-1000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Fax Number: 401-751-9844                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Email Address: valois@nortek-inc.com Authorized User Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 9. Signature: (Dans Valois 10/8/2010                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Signature Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Dawn Valois Total number of pages including cover                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

Documents to be recorded (including cover sheet) should be faxed to (571) 273-0140, or mailed to:
Mail Stop Assignment Recordation Services, Director of the USPTO, P.O. Box 1450, Alexandria, VA 22313-1450

OFFICE OF THE SECRETARY OF STATE



## **CERTIFICATE OF CONVERSION**

WHEREAS,

#### **GOVERNAIR LLC**

a domestic limited liability company organized under the laws of the State of OKLAHOMA has filed in the office of the Secretary of State duly authenticated evidence of a conversion, as provided by the laws of the State of Oklahoma.

NOW THEREFORE, I, the undersigned Secretary of State of Oklahoma, by virtue of the powers vested in me by law, do hereby issue this Certificate evidencing such conversion.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the Great Seal of the State of Oklahoma.

EFFECTIVE DATE: October 03, 2010

THE STATE OF THE S

Filed in the city of Oklahoma City this <u>24th</u> day of <u>September</u>, <u>2010</u>.

Secretary of State

TRADEMARK REEL: 004296 FRAME: 0074

### FiLED - Oklahoma Secretary of State #3512287221 09/24/2010 15:34

08/24/2010 03:05 PM OKLAHOMA SECRETARY OF STATE





STATE OF OKLAHOMA **CERTIFICATE OF CONVERSION** FROM A CORPORATION TO A LIMITED LIABILITY COMPANY **PURSUANT TO SECTION 1090.5** OF THE OKLAHOMA GENERAL CORPORATION ACT

The name of the corporation, and the name under which it was originally incorporated, is:

#### GOVERNAIR CORPORATION:

The date of filing of the original Certificate of Incorporation is:

September 13, 1937;

3. The name of the business entity into which the corporation shall be converted is:

#### **GOVERNAIR LLC**;

- The conversion has been approved in accordance with the provisions of Section 1090.5 of the Oklahoma General Corporation Act.
- Each outstanding three hundred eighty thousand (380,000) shares of Common Stock (or fraction thereof) of GOVERNAIR CORPORATION shall be converted into a one hundred percent (100%) membership interest in GOVERNAIR LLC.
- The business entity into which the corporation is converting has filed with the Secretary of State Articles of Organization of an Oklahoma Limited Liability Company on the day of Section 2010.
- This Certificate of Conversion shall be effective at 12:00 a.m. Central Time on October 3, 2010.

**GOVERNAIR CORPORATION** An Oklahoma Corporation

Edward J. Cooney

Vice President and Treasurer

Title: Vice President

SEP 24 2010

OKLAHOMA SECRETARY

Constrair Commutation - Certificate of Conversion to Conversal: LLC (Unall of 9-12-10),DAC

TRADEMARK **REEL: 004296 FRAME: 0075** 

# ARTICLES OF ORGANIZATION OF GOVERNAIR LLC

1. The name of the limited liability company (the "Company") is:

#### **GOVERNAIR LLC**

- 2. The term of existence of the Company shall be perpetual.
- 3. The street address of the Company's principal place of business shall be 4841 North Sewell Avenue, Oklahoma City, Oklahoma 73118.
- The street address of the Company's registered office is: 115 S.W. 89th Street, Oklahoma City, Oklahoma 73139.
- 5. The name of the Company's registered agent at such registered office address is: Corporation Service Company.
- 6. The Company may engage in any business permitted by law.
- 7. The Effective Date of these Article of Organization shall be 12:00 a.m., October 3, 2010.

> Edward J. Cooney c/o Nortek, Inc. 50 Kennedy Plaza Providence, RI 02903

Articles of Organization of Governor LLC (treat of 9-33-2010). DOC

**RECORDED: 10/12/2010** 

TRADEMARK REEL: 004296 FRAME: 0076